

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/828,740
Filing Date	April 20, 2004
First Named Inventor	MARTIN, Brian C.
Art Unit	2614
Examiner Name	LE, Lana N.
Attorney Docket Number	022263-000110US

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
 the practitioners of record associated with Customer Number: 20350

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6) Please explain below: |   |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1.  I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2.  I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3.  I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B.  Inventor or  
Assignee name Quorum Systems, Inc.

Address 9330 Scranton Road, Suite 450

City San Diego	State CA	Zip 92121	Country US
----------------	----------	-----------	------------

Telephone 858.546.0895	Email
------------------------	-------

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name Raymond B. Hom	Registration No. 44,773
---------------------	-------------------------

Address Townsend and Townsend and Crew LLP 12730 High Bluff Drive, Suite 400
---

City San Diego	State CA	Zip 92130	Country US
----------------	----------	-----------	------------

Date March 26, 2009	Telephone No. 858.350.6100
---------------------	----------------------------

**NOTE: Withdrawal is effective when approved rather than when received.**

[Page 2 of 2]

61854578 v1